2019 Basic Residential Programs



***AMENDMENT #1 ***

Changes have been made to the RFP as originally issued: Please note the changes to Section 3.0 and 3.3:

3.0 BASIC RESIDENTIAL PROGRAMS

Basic residential services are provided in a congregate care setting and includes room, board and a basic array of services for a child with mild and/or occasional emotional and/or behavioral management problems that interfere with the child's ability to function in the family, school and/or community setting in other than a residential environment. This basic type of placement is limited to children whose needs cannot be met in their own home, traditional foster home, or children who have reached their treatment goals in a more restrictive setting and are ready to be "stepped down".

Children eligible for this level program may be abused, neglected, or exploited and may exhibit behavioral and/or emotional problems, which range from acting out to withdrawal. Children in this level are basically in good health, although some may require medical attention for minor health conditions. At this level, children typically:

- A. Have behavior which is under control and does not require constant adult supervision
- B. Have peer relations that are generally positive
- C. Are generally compliant with staff and respond favorably to nurturing, structured programs
- D. Do not pose a safety risk to the community or other children in the facility.

Vendors, who propose to provide more than one level of service at a single location, must provide each level of service in a separate building or a clearly identified separate wing closed off from other wings providing a different level of service. There must be adequate staff to serve the different levels of service, and staff may not be shared. SDHR-Resource Management Division-Office of Licensing must approve the plan if the services are to be provided within the same physical building.

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3.3 CORE SERVICES FOR BASIC RESIDENTIAL PROGRAMS

Vendors must attest that they will provide all of the services identified below, in order to be considered for a contract. Vendors must:

A. Monitor and administer medication, as appropriate to meet the needs of the individual child. When the treatment plan includes the use of psychotropic medication, informed consent is required. Informed consent requires that the prescribing physician inform the child and legal guardian (county DHR worker) of the risks and benefits of the proposed treatments and the risks and benefits of alternative treatments, including no treatment. This includes information about the potential benefits of the medication, the possible risks, and the range of doses. Information about serious adverse effects and how to contact the physician must be discussed. Staff and DHR workers should be given ample time for questions and discussion before consent is requested.

Complete an intake evaluation assessment upon entering and once per calendar year thereafter. The intake evaluation assessment presents psychological and social functioning, the child's reported physical and medical condition, the need for additional evaluation and/or treatment and the child's fitness for services.

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